




Arizona Health Care Directives Registry Registration Agreement

Instructions

- Read this Agreement carefully, and fill in all the blank spaces.
- Attach a copy of your witnessed or notarized Health Care Directive to this Agreement (**DO NOT** send your original Health Care Directive Form)
- Sign and date this Agreement and return in person or by mail to:
 Arizona Health Care Directives Registry
 Arizona Secretary of State
 1700 W. Washington, 7th Floor
 Phoenix, AZ 85007

Last Name	First Name	Middle Name or Initial
Address		Phone
City	State	Zip
Birth Date (Month/Day/Year)	Social Security Number	
Address to return documents and wallet card (IF DIFFERENT FROM ADDRESS ABOVE)		
Name		
Address		
City	State	Zip
Your registration form will be processed within three (3) weeks. You will receive further information in the mail. In order to complete the registration of your health care directive(s) you are required to reply to the letter that you will receive.		
For further assistance please contact the Arizona Secretary of State at (602) 542-6187 or visit us online at:		
 www.azsos.gov		

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Registration Agreement

I am providing this personal information, along with a copy of my advance directive, with the understanding that this information will be stored in the Arizona Health Care Directive Registry. I certify that the advance directive that accompanies this Agreement is my currently effective advance directive, and was duly executed, witnessed and acknowledged in accordance with the laws of the State of Arizona.

I want to:

- ☐ Store a health care directive(s) in the Registry
- ☐ Replace a health care directive(s) now in the Registry with a new one
- ☐ Remove my health care directive(s) from the Registry
- ☐ Request a replacement wallet card (no change to health care directive(s) in Registry)

I understand that the Arizona Health Care Directive Registry is hosted by MyHealthDirective.com and is the responsibility of the Arizona Secretary of State. I authorize the Arizona Secretary of State, or designated agent, to share my personal information with MyHealthDirective.com for the purpose of storing my health care directive in the Registry and receiving payment for this service.

I understand this authorization is voluntary. This authorization to store my advance directive in the Arizona Health Care Directives Registry will remain in force until revoked by me. I understand that I may revoke this authorization at any time by giving written notice of my revocation to the Contact Office listed below. I understand that revocation of this authorization will NOT affect any action you took in reliance on this authorization before you received my written notice of revocation.

Contact Office: Office of the Arizona Secretary of State
Telephone: 602-542-6187
Fax: 602-542-4366
E-mail: AD@azsos.gov
Address: 1700 W. Washington Street, 7th Floor, Phoenix, AZ, 85007

Signature of person completing this Agreement

Date

Printed Name

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